

Name (print) Kathy McClainOffice (if applicable) AssemblyDistrict (if applicable) 15

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
<i>* see attached *</i>			

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Name & Address	Date	Amount
COMMITTEE-CONSTITUTIONAL JURISPRUDENCE	10/28/02	250
302 E CARSON AVE		
LAS VEGAS, NV 89101		
HALE LANE PEEK	11/01/02	500
777 E WILLIAMS ST #200		
CARSON CITY, NV 89701		
HERBST, INC.	12/31/02	500
5195 LAS VEGAS BLVD		
LAS VEGAS, NV 89119		
I.B.E.W. LOCAL UNION 357	11/01/02	500
4322 E BONANZA		
LAS VEGAS, NV 89110		
KNIGHT CONSULTING	12/28/02	500
2290 S JONES #100		
LAS VEGAS, NV 89146		
LORILLARD TOBACCO CO	10/31/02	500
714 GREEN VALLEY RD		
GREENSBORO, NC 27408		
REIMBURSEMENT - JOINT MAILER	11/20/02	3,000
MYRNA WILLIAMS CAMPAIGN FUND		
2940 BEL AIR DR		
LAS VEGAS, NV 89109		
NEVADA CREDIT UNION LEAGUE	12/31/02	500
9500 CLEVELAND AVE #200		
RANCHO CUCAMONGA, CA 91730		
NEVADA SOFT DRINK ASSN	11/06/02	500
230 N MOJAVE RD		
LAS VEGAS, NV 89101		
PARADISE DEMOCRATIC CLUB	10/28/02	300
4964 SEPULVEDA		
LAS VEGAS, NV 89118		
HANK SHANK	10/29/02	250
145 N BRUCE ST		
LAS VEGAS, NV 89101		
PHILLIP MORRIS MANAGEMENT CORP	10/30/02	250
120 PARK AVE		
NEW YORK, NY 10017		

Name & Address	Date	Amount
REPUBLIC DISPOSAL URBAN MAINT	10/29/02	250
PO BOX 98508	12/08/02	500
LAS VEGAS, NV 89193		
REPUBLIC SERVICES	10/29/02	250
PO BOX 98508	12/08/02	500
LAS VEGAS, NV 89193		
RETAIL ASSN OF NEVADA	12/16/02	500
1007 N NEVADA ST		
CARSON CITY, NV 89703		
WELLS FARGO STATE PAC	10/28/02	250
5340 KIETZKE LANE		
RENO, NV 89511		
<b>Total:</b>		<b>9,800</b>



KATY McCLAIN

Name (print)

Assembly

Office (if applicable)

15

District (if applicable)

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

## CAMPAIGN EXPENSES

Report Period

# 3

KATHY McCLAIN

Name (print)

Assembly

Office (if applicable)

15

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY OF EXPENSE	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
* See Attached *			

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Repeat #3

<b>Report #3 - Expenses over \$100</b>			
<b>NAME &amp; ADDRESS</b>	<b>CATEGORY</b>	<b>DATE</b>	<b>AMOUNT</b>
CINGULAR	A	11/20/02	51.49
PO BOX 989049		12/20/02	51.49
SACRAMENTO, CA 95798			
SPRINT	A	11/20/02	52.78
330 S VALLEY VIEW BLVD		12/20/02	52.78
LAS VEGAS, NV 89152			
MARY GRIFFIN	B	10/26/02	150.00
995 SIERRA VISTA		11/2/02	150.00
LAS VEGAS, NV 89109		11/8/02	150.00
		11/10/02	500.00
TIME PRINTING	D	10/26/02	1,977.85
1224 WESTERN AVE			
LAS VEGAS, NV 89102			
ROBERT HAUTH	D	11/11/02	461.50
631 N STEPHANIE ST #501			
HENDERSON, NV 89014			
DESERT MAILING	J	10/26/02	581.00
1800 INDUSTRIAL RD #100			
LAS VEGAS, NV 89102			
TANGLEWOOD VILLAGE	J	11/9/02	335.00
1001 S ROOP ST		12/2/02	542.50
CARSON CITY, NV 89701		12/27/02	775.00
US POSTAL SERVICE	J	10/26/02	1,633.36
1001 E SUNSET RD			
LAS VEGAS, NV 89199			
<b>TOTAL:</b>			<b>7,464.75</b>

Name (print) KATHY M<sup>C</sup>CLAIN

Office (if applicable) Assembly

15  
District (if applicable)

### Expenses of \$100 or Less

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KATY McCLAIN

Assembly Dist 15

Report #3

Report #3 - Expenses under \$100		
Date	Amount	Category
11/9/02	20.35	J
11/10/02	77.83	B
11/10/02	85.60	B
11/12/02	24.05	J
12/2/02	50.00	J
12/7/02	25.00	A
Total:	282.83	

## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

**NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.**

**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period # 3

Name (print) Kathy McClain

Office (if applicable) Assembly

District (if applicable) 15

**IN KIND**

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH INKIND CONTRIBUTION	DESCRIPTION OF EACH INKIND CONTRIBUTION	VALUE OR COST OF EACH INKIND CONTRIBUTION	CHECK HERE IF LOAN
<u>None</u>				

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**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period # 3

KATAY  
Name (print)

McCLAIN

Assembly  
Office (if applicable)

15  
District (if applicable)

**IN KIND**

**Contributions of \$100 or Less**

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
<u>None</u>		

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<span style="font-size: 1.2em;">KATHY McCLAIN</span>	<span style="font-size: 1.2em;">Assembly</span>	<span style="font-size: 1.2em;">15</span>
Name (print)	Office (if applicable)	District (if applicable)

## IN KIND

### Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
<i>None</i>			

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period

# 3

Name (print) Kathy McClain

Office (if applicable) Assembly

District (if applicable) 15

**IN KIND**

**Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
<i>None</i>		

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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362